

Clark (*Journal of Mental Science*, October, 1883) relates three cases marked by exaltation and delusions of suspicion. They were all subject to spurts of excitement, coupled with mental exaltation, during which ideas or delusions of self-importance are peculiarly prominent. They were a prey to strong suspicions, which, in Dr. Clark's opinion, often arise from a necessary snubbing of their exalted notions. One works himself into a violent passion on finding his letters to the Bank of England have not been forwarded, and the muscles of his face quiver with excitement. He threatens vengeance, and looks it every bit, but in a few minutes he lapses into a state of gloom which gradually deepens, and for days his expression and manner are those of deep suspicion, sullen defiance, and violent hatred, the evidence of which may come out more forcibly after weeks or months of dismal brooding, and be awakened into a flame of actual violence by the stimulus of some very trivial incident, which *per se* would scarcely cause disturbance at all. In another case the patient, who for months proved amenable and sociable though nursing a dangerous grudge against outsiders, suddenly stopped work because a proposal for his release could not be entertained. He then and thereafter nourished a grudge against Dr. Clark for months, and only burst into actual violence long after, when in most minds the memory of the initial circumstance would have been obliterated. He made a complaint about his food the cause for an attack on Dr. Clark, but admitted a few weeks later that his only grudge was the one resulting from his non-liberation. While these cases are not clear evidence as to the influence of phthisis, they show, as has been claimed (*American Journal of Neurology and Psychiatry*, May, 1883), that lunatics can pretend sane motives for a crime in order to disguise their insane motives for the same.

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GUITEAU'S MENTAL CONDITION has been discussed by Lutaud (*Annales d'hygiène publique*, 1882), who concludes that Guiteau was under the domination of delusive conceptions; that his mental composition was complicated by bad education and religious fanaticism; that Guiteau inherited a strong tendency to insanity. He did not count on being condemned for his crime. He did not fail to see that the homicide would be regarded as a crime, but hoped it would be regarded as justifiable from its good after-results. Whether he believed in his inspiration is not certain. He was a mixture of a criminal and a lunatic, and should not have been hanged, but should have been sent to an asylum for the criminal insane. Karrer (*Centralblatt für Nervenheilkunde*, No. 18, 1883) regards Guiteau as "a mentally abnormal man," but does not give a very clear idea of what he means by this. His article is of a decidedly dilettante German nativistic character. The editors of the London *Times and Gazette* (September 8, 1883) express their astonishment at the evidence given by the prosecuting experts, and say if Guiteau was hanged on such expert

evidence, his execution was a judicial murder. Krafft-Ebing (*Zeitschrift für Psychiatrie*, Band, xl) says that the *British Medical Journal's* contradiction of Dr. Hammond's opinion contains no argument, but is only a poor attempt at witticism.

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PREMATURE GENERAL PARALYSIS.—Under this title Dr. E. Régis discusses (*Journal de médecine de Bordeaux*, September 9, 1883,) the case of a man who became a paretic dement at the age of nineteen. Clouston had (*British Medical Journal*, September, 1877) reported a case who was attacked by paretic dementia at the age of sixteen. This case and those cited by Macleod, Bucknill and Tuke (*Psychological Medicine*, p. 324), and Spitzka (*JOURNAL OF NERVOUS AND MENTAL DISEASE*, April, 1877), at the ages of twenty-one and twenty-three respectively, seem to have eluded Dr. Régis' search. Dr. Régis, from this case, and from an examination of the literature, concludes : 1. Paretic dementia is a disease narrowly confined to the middle period of life, during which it, as a rule, manifests itself. 2. The real, immediate cause of this affection appears to be a deviation of the normal anatomical progress, which extends, at this time, into the minute cerebral structure ; most frequently paretic dementia is attributable to no other somatic cause. 3. Besides this type of paretic dementia, which becomes developed in its own time, and which is the true paretic dementia, there are other cases which occur unexpectedly some time before, others after, the ordinary period, which may be said to range between the ages of twenty-five and sixty-five years. The first may be designated as premature paretic dementia, the second as late paretic dementia. 4. Cases of paretic dementia before the age of twenty-five years are very rare, and only a few cases are recorded. Cases coming on before the age of twenty are still more rare, only one case being reported independently of Régis' case (which is, as already stated, an error). 5. The premature type, contrary to the true, has, as a rule, a powerful etiological factor, such as heredity, syphilis, traumatism, saturnism, or general or local diathesis. These causes appear to determine in these cases an early predisposition, and to prematurely place the brain in those conditions in which it is found in mature life. 6. Premature paretic dementia has, as a rule, a slower progress and a longer duration ; it is more frequently subject to remissions, and is susceptible of a more or less permanent recovery, thus according with the possible curability of paretic dementia developed under the influence of a material or specific cause. Wille (*Irrenfreund*, No. 1, 1873) and Coffin (*Annales médico-psychologiques*, tome vi, serie iii), who have also been ignored by Dr. Régis, claim that paretic dementia in a man under twenty-one is always of syphilitic origin.

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BONE DEGENERATION IN THE INSANE.—Dr. J. Wigglesworth (*British Medical Journal*, September 29, 1863) states that while